



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

April 8, 2013

Sue Stolicker
J&W Ventures, Inc.
5227 Wyndham Place
Fenton, MI 48430

RE: Application #: AM190338087
A Family Affair
8990 E. M-78
Haslett, MI 48840

Dear Ms. Sue Stolicker:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 12 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-2585.

Sincerely,

Dawn N. Timm, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 899-5675

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AM190338087
Applicant Name:	J&W Ventures, Inc.
Applicant Address:	5227 Wyndham Place Fenton, MI 48430
Applicant Telephone #:	(517) 803-2270
Administrator:	Sue Stolicker
Licensee Designee:	Sue Stolicker
Name of Facility:	A Family Affair
Facility Address:	8990 E. M-78 Haslett, MI 48840
Facility Telephone #:	(517) 374-6644
Application Date:	01/07/2013
Capacity:	12
Program Type:	AGED

II. METHODOLOGY

01/07/2013	Enrollment
01/08/2013	Contact - Document Sent Rules & Act booklets
01/08/2013	Comment Licensee designee put wrong county (AM330338087), correction made per D. Timm
01/08/2013	Inspection Report Requested - Fire Fire Safety Plan
01/08/2013	Application Incomplete Letter Sent Updated app, rec cl & FP's for James
02/01/2013	Contact - Document Received FP's for James
02/05/2013	Contact - Telephone call made regarding status of the application
02/06/2013	Contact - Document Received Updated app & rec cl for James
02/06/2013	Application Complete/On-site Needed
02/08/2013	Application Incomplete Letter Sent
03/16/2013	Contact- Document Received.- Amended application listing new licensee designee and administrator received
03/22/2013	Inspection Completed On-site
06/01/2012	Inspection Completed On-site- Bureau of Fire Safety
11/01/2012	Inspection Completed On-site- Environmental Health
04/01/2013	Contact- Final required documents received
04/08/2013	Contact- Health Care Appraisal and TB test results received for Sue Stolicker
04/08/2013	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

A Family Affair is a single-story, ranch style home with a completely finished full basement. The facility is located in a rural area of Haslett, Michigan, however, it is within minutes of large shopping centers, recreation sites, and the amenities offered by the Lansing/East Lansing areas. The facility has eight resident bedrooms, three full bathrooms, one half bathroom, a large family room, small sitting room, kitchen, large dining area, and a utility room used for laundry and medication storage. The facility is wheelchair accessible with wheelchair ramps located off of the dining area exit and the front door exit. The dining area entrance/exit is the main entrance/exit to the facility. The facility has ample space for staff and visitor parking. The back of the facility faces a beautiful wooded area which provides residents the opportunity to observe wildlife throughout the seasons. The facility also has a detached two car garage that is not for resident use. The basement of the facility is finished but is not approved for resident use. The facility utilizes a private water supply system and a private sewage disposal system. The facility was last inspected by the Mid-Michigan District Health Department on 11/01/2012 and was found to be in full compliance with applicable rules and was given an 'A' rating.

There are two gas furnaces for the facility and one water heater; all of which are located at the basement level. Floor separation is created by a 1 ¾ inch solid wood core door equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment. The facility is fully sprinkled and has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules. An 'A' rating was given on 06/01/2012.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
One	11'5" x 11'5"	130 square feet	One resident
Two	10'5" x 11'5"	119 square feet	One resident
Three	15'4"x 15'5"	232 square feet	Two residents
Four	15'4" x 12'6"	191 square feet	One resident
Five	15'3" x 11'7"	176 square feet	Two residents

Six	15'3" x 11'7"	176 square feet	Two residents
Seven	15'3" x 11'7"	176 square feet	Two residents
Eight	11'8" x 10'8"	125 square feet	One resident
Sitting Room	13'2" x 15'5"	203 square feet	
Living Area	15'5" x 18'8"	288 square feet	
Dining Area	26'4" x 10'4"	272 square feet	

The indoor living and dining areas measure a total of 763 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate twelve residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to twelve male and/or female residents who are aged. The applicant plans to admit individuals who are mobile and/or are able to assist with the transferring process. The applicant will not admit individuals with a history of elopement or who are at high risk of elopement behaviors. The program will include social interaction, assistance with personal hygiene tasks, and support to maintain as much independence as possible. The applicant intends to accept residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the local library, museums, shopping centers, and churches. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is J & W Ventures Inc., which is a for profit corporation established in Michigan on November 19, 2012. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The facility is currently

licensed as a medium sized AFC group home, so at the time of the issuance of the new license there will be residents in care.

The Board of Directors of J & W Ventures Inc has submitted documentation appointing Sue Stolicker as licensee designee and administrator of the facility. A criminal history background check of Sue Stolicker was completed and she was determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician, dated 04/03/2013, documenting her good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Stolicker has provided direct care to residents who are aged for the past twenty years in AFC settings. Ms. Stolicker enjoys working with residents and addressing their various needs and health issues. Mr. Jamie Hoeberling of J & W Ventures Inc., will assist Ms. Stolicker with the financial management of the facility.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of two staff members for twelve residents per shift. A third staff member is scheduled during morning hours and late afternoon hours to assist with resident showers, meal preparation, and the bedtime routine. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee(s) or licensee designee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested. The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of twelve residents.



04/08/2013

Dawn N. Timm
Licensing Consultant

Date

Approved By:



4/8/13

Betsy Montgomery
Area Manager

Date